

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
C.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	10/61/01
RESPONSE FORMALITY REVIEW		SC906	03/06/02
		852	05-31-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	5/6/02
1	✓
2	✓
3	✓
4	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 804/03/02  
 375/03/02